

Rural Health Jobs Advertisement Form

RHPC-1 (New 4/96)

Please limit your text to the space provided on the lines.
Please print clearly or type.

For Internal Use Only	
Date Received	Purge Date
Date Posted on 3R	Region

POSITION AVAILABLE: _____**FULL TIME:** _____ **PART TIME:** _____
MONTHLY COMPENSATION: _____
 (PLEASE DO NOT INCLUDE EMPLOYEE BENEFITS)
PRACTICE SETTING(S):

Hospital _____ Long-Term Care _____ Clinic _____
 Public Health _____ Mental Health/Substance Abuse _____

NAME OF EMPLOYER: _____
MAILING ADDRESS: _____

 _____ Zip Code _____
COUNTY**COUNTY NUMBER**
INDICATE DESIGNATION, IF APPROPRIATE: HPSA _____ MUA _____ MUP _____

ELIGIBLE FOR NHSC/STATE LOAN REPAYMENT PROGRAM? YES _____ NO _____

FACILITY CONTACT PERSON: _____
TITLE: _____
EMAIL ADDRESS: _____

TELEPHONE: _____ **FAX:** _____

DESCRIPTION OF POSITION: (50 words or less)

SUBMIT APPLICATIONS BY: (Date)
PREPARED BY _____

DATE: _____

Mail this form to:
 Kathleen Maestas
 Rural Health Policy Council
 1600 Ninth Street, Suite 439C
 Sacramento, CA 95814

Questions? Call us at:
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